

## PROCESSING INSTRUCTIONS FOR APPLICATION OF TAXPAYER PAYMENT

Mail To: **KENTUCKY DEPARTMENT OF REVENUE**  
**Document Prep Section**  
**501 High Street, Sta. 23B**  
**Frankfort, KY 40601**

***Process the attached consolidated check on the information as indicated below.***

TAX YEAR	FEDERAL ID NUMBER	TYPE TAX	NOTICE NUMBER	\$ PAYMENT AMOUNT	TAXPAYER NAME
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
_____	_____	___	_____	\$ _____	_____
TOTAL				\$ _____	